Hospital Community Benefit Program (HCBP)
Advisory Committee
Meeting Minutes for
July 13, 2000

Welcome and Approval of Minutes

Ed Mendoza called the meeting to order at 10:10 a.m. He provided an overview of the agenda and asked the Advisory Committee to review the April meeting minutes for approval. Ed Mendoza informed the Advisory Committee that Governor Davis has appointed a new Director of the Office of Statewide Health Planning and Development, Dr. David Carlisle. Mr. Mendoza will be educating Dr. Carlisle on the HCBP and the committee will be informed of any welcoming festivities. Dr. Carlisle begins August 1st, 2000.

The committee was also invited to Dr. Werdegar's farewell reception at the Sierra Health Foundation on July 28th from 4:30 - 6:30 p.m.

Committee Members Present:

- Carol Adams
- Kevin Barnett
- Maya Dunne
- Chet Horn
- Bud Lee
- Julio Mateo

- Tom McCaffrey
- Tom McGuiness
- Gary Nelson
- Maria Rodriguez-Guerra
- Donald Rowe
- Joan Twiss

Committee Members Absent:

- Bud Beck
- Mickie Beyer
- Mary Lou Goeke
- Wayne Judd

- Cyndi Kettman
- Santiago Munoz
- Sherri Sager
- George Wolfe

OSHPD Staff

- Joy Beatty
- Laurie Macintosh
- Ed Mendoza

- Elsa Murphy
- Cathy Pinkston

HCBP Advisory Committee: Objectives and Timeframes

Elsa Murphy reviewed the Advisory Committee's role and timeframes. The Advisory Committee's role was reaffirmed as providing recommendations to OSHPD on HCBP reporting standards, technical assistance manual, and information dissemination issues. The original timeframe for the Advisory Committee was one year, ending December

2000. Ms. Murphy requested that the committee extend its commitment to the first quarter of 2001.

Legislative Update

AB 421
Elsa Murphy gave an informational overview of Assembly Bill 421 (Aroner). The current version of AB 421 addresses emergency room closures and it details a process for designating 'essential community facilities (hospitals).' A local county committee, using specified criteria, will designate the ranking of "essential community facilities." The committee is made up of the board of supervisors, health care and community representatives. If an essential community hospital plans to close its emergency room due to financial hardship, AB 421 offers options for financial assistance from the State.

AB 2276
Ms. Murphy continued with an update of Assembly Bill 2276 (Cedillo). AB 2276 would require the Attorney General's office to evaluate whether additional charitable trust standards need to be established. The Attorney General's office would consult with key stakeholders including OSHPD. The evaluation would include a review of definitions for charity care, community benefits, community, current level of contribution, relationships between affiliated organizations, and hospital boards' role in ensuring benefit to the community. The Attorney General is required to report to the Legislature by March of 2002. The sponsor's intent is to build on the work of the Attorney General Charity Care Task Force. If AB 2276 passes the assembly and the senate, OSHPD will be making a final legislative analysis. Ms. Murphy asked the committee for comments on AB 2276.

Committee comments on AB 2276:

- The committee requested the list of members on the Attorney General's Charity Care Task Force.
- One member encouraged the committee to look at earlier versions of the bill to understand the bill's original intent.
- The committee observed that the Attorney General's Office was granted the March 2002 deadline because the Office is currently evaluating a bill from last year. The previous bill addresses the review and approval of not-for-profit to for-profit hospital transactions.
- The committee was concerned that this study would miss the full array of community benefits. This member also noted that not all hospitals are in low-economic areas and therefore will have different levels of charity care.
- One member recommended instituting a charity care formula, as opposed to a standard, that could adapt to each individual hospital situation.
- It was also noted that the committee could contribute to the AB 2276 discussion by encouraging the task force to examine the full array of community benefits.
- The committee suggested an amendment with explicit language on how the Attorney General's office will work with OSHPD, and more specifically the HCBP committee.

- The Attorney General's office is concerned about the cost and the method for the study.

Summary of OSHPD's Progress: Technical Assistance Workgroup

Laurie MacIntosh presented an overview of "Hospital Community Benefits: A Planner's Guide" (hereafter; Planner's Guide) that the technical assistance workgroup has assisted in creating. The Planner's Guide will have ten chapters: 1) History of the Legislation 2) Getting Started 3) Needs Assessments 4) Prioritization Planning and Evaluation Methods 5) Collaboration 6) Preparing the Plan for OSHPD 7) Communication Strategies 8) Examples 9) Resources and 10) Index.

Ms. MacIntosh informed the committee that the "History of the Legislation" is near completion, and 50 percent of "Getting Started" is finished. These sections are available to the committee upon request.

The "Needs Assessments" chapter is a collaborative effort between OSHPD and the Family Health Outcomes Project (FHOP) of University of California at San Francisco. OSHPD and FHOP will be working together to develop the needs assessment chapter for not-for-profit hospitals. The expected date of completion is Summer 2001. However, for the Fall edition of the Planner's Guide the "Needs Assessment" chapter will include a general outline, suggested steps and available resources.

The chapter on "Prioritization, Planning and Evaluation Methods" is being created in partnership with Integrating Medicine and Public Health (IMAP) and the Public Health Institute's Principal Investigator, Kevin Barnett. IMAP, Mr. Barnett and OSHPD will develop methods for effective prioritization, planning and evaluation of community benefit programs. Expected date of completion is summer 2001. There will be a general overview of this chapter in the Fall 2000 edition of the Planner's Guide.

The chapters on "Collaboration" and "Communication" are both in the literature review and planning stages; any comments or suggestions from the committee should be directed to the technical assistance workgroup staff. "Preparing the Plan for OSHPD" will be created from the standards developed by the reporting workgroup. The expected completion date is late fall 2000.

The final chapters "Examples," "Resources" and the "Index" are currently in progress and will be included in the Fall 2000 edition of the reference manual.

Comments from the Committee:

- One member suggested that useful websites be included in chapter on Resources.
- The committee felt that the "Examples" chapter should include examples of process and not just programs (i.e. capacity building, community leadership.)
- The committee noted that community engagement should be mentioned early in the process.

- Another member noted that between "Getting Started" and "Needs Assessments" there should be a philosophical discussion on the definition of health. It may be useful to include some case studies demonstrating the definition.
- The committee suggested changing the chapter's name from "Examples" to "Best Practices." And that the guide should demonstrate how the hospital integrated all the elements of a successful community benefit plan.
- The committee suggested a circular graphic of the community benefit planning process that uses the assessment as the beginning of the community benefit planning process and concludes with the evaluation tool of the community benefit planning process.

Summary of OSHPD's progress: Reporting Workgroup

Next, Ms. Murphy presented the Reporting Workgroup's progress to date. The Reporting Workgroup's goal is to develop a standard reporting format. The standardization will alleviate the reporting burden on hospitals, yet still allow hospitals to include qualitative information. The Reporting Workgroup will build on existing definitions and formats (e.g. OSHPD's Accounting and Reporting System, CHA's Social Accountability Budget) whenever possible.

Ms. Murphy continued her presentation with highlights from the Reporting Workgroup meeting on May 30th. The definition of community, needs assessment requirements and the community benefit plan outline were discussed.

Ms. Murphy asked the committee to consider which data from the plans (individual or aggregate) would be useful to data users.

Committee comments:

- The committee needs to determine the scope (small vs. broad) it desires for the definition of community.
- One member acknowledged the need for standards but warned against comparing hospital community benefit plans, given that not all hospitals are alike. The primary audience for the HCB plans is the general public, not researchers, public interest group or unions.
- Another member noted that even hospitals within the same system have different definitions.
- Another member noted there is a difference between comparing outcomes vs. comparing process. OSHPD should compare the process, but be cautious when comparing the economic value.
- The committee stated that funders would like to see community benefit data aggregated at a county level. This would assist the funders in the allocation of funds.
- The committee also noted that OSHPD could define the primary service area through the patient discharge data. Also the American Hospital Directory provides a list of related hospitals to a given zip code.

- Another member noted that the community description should be kept simple. The hospital should acknowledged how they defined the populations for the programs they are administering.
- The committee noted the need for the definition of community to be connected with the community benefit plan.
- One member noted that hospitals look for the greatest need and target programs and services based on vulnerability and other risk factors. The difficult part is effectively documenting how the hospitals are meeting needs.
- The committee noted that community benefit plans are considered in not-for-profit to for-profit hospital transactions.
- The committee voiced a desire for giving sub-county level data to the hospitals for their needs assessment and prioritization processes.
- The committee asked what collective wisdom had been gained over the last four years of community benefit plans. How has community been defined? What have we learned?
- The committee suggested and in-depth analysis of a geographic sampling of plans.
- The committee also noted that an in-depth review would be an immense undertaking with a big fiscal impact on OSHPD.

LUNCH

CHA's Revise Social Accountability Budget

After lunch Ms. Murphy resumed by discussing CHA's Revise Social Accountability Budget. CHA's document is a conservative approach in defining community benefit. It distinguishes between quantifiable and non-quantifiable benefits. It also provides guidelines to determine what to count and what to report. Selected sections of CHA's document were provided to the committee and the Reporting Workgroup for comment.

The Future of Community Benefit Reporting

Ms. Murphy informed the committee that electronic reporting and web-based reporting are among the long-term goals for the HCBP. If funding is obtained, we should expect to see some electronic reporting in the next three to five years.

Information Dissemination Workgroup

The last item on the agenda was discussion on the Information Dissemination workgroup. Ms Murphy began with a review of the committee's February discussion. In February the committee broke up the information dissemination issue into two main areas: 1) Policy and information, and 2) Revisions to the legislation. Recommended topics were pressures on hospitals and impact on planning, example of innovative efforts, and definitions of community benefits. The target audiences for this information would be hospitals, legislators, and community organizations. They could be in the form of policy briefs, reports or electronic files.

Comments from the Committee:

- The committee felt that two-four page briefings would be a good resource from OSHPD.
- The committee directed OSHPD to look at the California Journal for an example of an insert that discusses legislation and its impact.
- The committee suggested incorporating the briefs into the manual. That these briefs would assist in explaining the community benefit planning process.
- The committee suggested that OSHPD quantify benefits by county and feed that back to the legislators. However, the committee warned OSHPD of quantifying county benefits since OSHPD can't defend them yet. The committee suggested asking an outside organization (i.e. CHA) to do the study and publish the information.
- The committee also advised that if OSHPD quantifies and submits community benefit information to the public, it would be taken as the main priority for community benefits.
- Another member noted that presenting the data could give OSHPD the opportunity to state all of the caveats about the data.
- Another member stated that OSHPD must put something out on standards or best practices of community benefits. Then hospitals that are below average will be encouraged to increase their commitment to community benefits.
- The committee also noted that local district and county public officials should be informed and included in this process.
- The committee proposed some non-controversial aggregate data could be provided back to hospitals (i.e. how many hospitals submitted plans, who is and isn't complying with HCBP and if the plans cover the basic planning elements.)
- The committee noted that SB 697 is low on the hospital radar screen right now. To raise awareness HCBP will have to use SB 1953 or an outside source like the SEIU to raise awareness.

Meeting Summary

Ed Mendoza provided an overview of the meeting and referenced the next meeting. Mr. Mendoza requested that the minutes from the April meeting be approved, a motion was made and the committee approved the minutes.

Mr. Mendoza opened the floor to any additional comments or concerns from the advisory committee.

Committee comments:
- One member asked if there were plans to reconvene the statewide participants to discuss the HCBP new developments.
- Another member asked for a summary of where the committee is and where the committee would like to be.
- The committee asked when the reporting standards would be ready for review.
- A member asked for the committee to discuss Board of Trustees issues.

Meeting adjourned at 2:00 p.m.

The next full advisory committee meeting is set for October 19, in Sacramento, California from 9 a.m. – 3 p.m.